

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 JAN 31 PM 1:30

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Friends of Sherrod Brown

ADDRESS (number and street)

PO Box 76187

Check if different than previously reported. (ACC)

Washington

CITY

DC

STATE

20013

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00264697

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

OH

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE) and/or Semi-annual Report☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7) and/or Semi-annual Report☐ Oct 20 (M10)☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Special (12S)☐ Convention (12C)

Election on

M M

D D

Y Y Y Y

in the State of

M M

This report also covers the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M

D D

Y Y Y Y

in the State of

M M

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

M M / D D / Y Y Y Y

11 / 27 / 2012

through

M M / D D / Y Y Y Y

12 / 31 / 2012

and/or

☐ January 1 - June 30☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

0.00

188648.73

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judith G. Zamore

Signature of Treasurer

Judith G. Zamore

Date

M M / D D / Y Y Y Y

01 / 31 / 2013

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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02/2009

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